

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	(1)					
2						
3	(1)					
4						
5	(1)					
6						
7	(1)					
8						
9						
10	(1)					
11	(1)					
12						
13	(1)					
14						
15	(1)					
16						
17						
18	(1)					
19						
20						
21	(1)					
22	(1)					
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24	(1)					
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26	(1)					
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29	(1)					
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31						
32						
33	(1)					
34						
35	(1)					
36						
37						
38						
39	(1)					
40						
41	(1)					
42						
43	(1)					
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	23					
TOTAL DEP.	35					
TOTAL CLAIMS	58					

	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						